PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

108212-99

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
T-,			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL	ENTITY	
TOTAL CLAIMS			3			<u>.</u>	L	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			3 ·minus 20= *		•			XS 9=		OR	X\$18=		
	EPENDENT CI		L	nus 3 =	-			X43=		OR	X86=		
MU	LTIPLE DEPEN	NDENT CLAIM PI	RESENT	ESENT				+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter "0" in column 2			L	TOTAL		OR	TOTAL	7-70	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
		(Column 1)	(Column 2) (Column 3)				- 1	SMALL E	NTITY	OR	SMALL	ENTITY	
AMENDMĘNT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	*	Minus	**	,	=	Ŀ	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	C! A114	=		X43=		OR	X86=		
لـــا	FIRST PRESE	NTATION OF MU	JLI IPLE VEF	ENDEN	CLAIM			+145=		OR	+290=		
TOTAL									_	OR ,	TOTAL		
		AL	DDIT. FEE			ADDIT. FEE							
		(Column 1) CLAIMS		(Colum	EST	(Column 3)			ADDI-	ı	. 1	ADDI-	
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	3: 2324	=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL		OB	TOTAL	•	
				AD	DIT. FEE L		U	ADDIT. FEE	٠.				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Column 1) CLAIMS		(Colum		(Column 3)	_	· .		f			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		ا وزر	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
1			+145=		OR	+290=							
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." 								TOTAL DIT. FEE	·	OR ,	TOTAL ADDIT, FEE		
1	f the "Highest Nur The "Highest Nurr	mber Previously Pak ther Previously Pak	iid For IN THIS d For (Total or	S SPACE is Independe	less than	n 3, enter "3." highest number			opriate box				